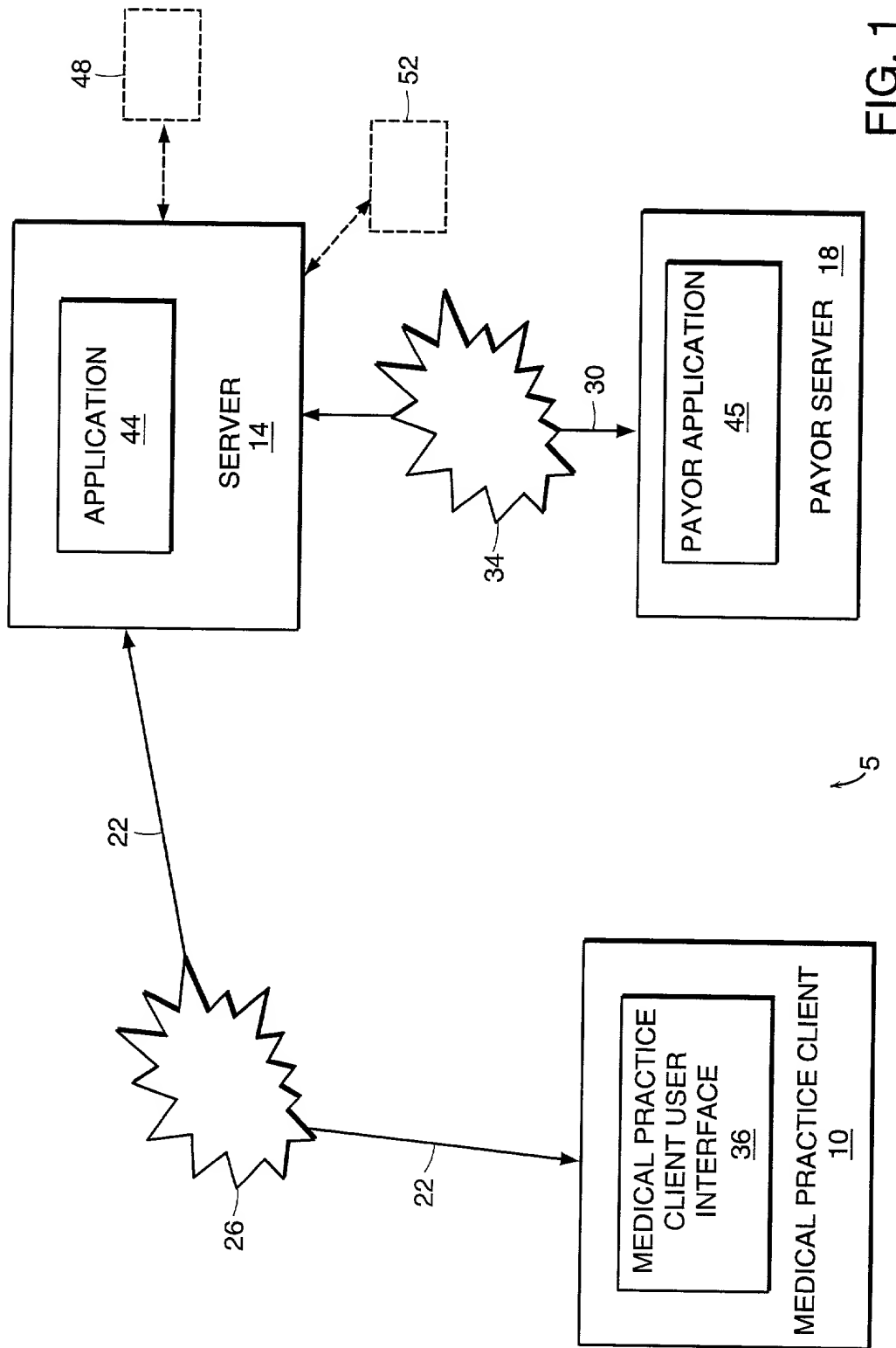


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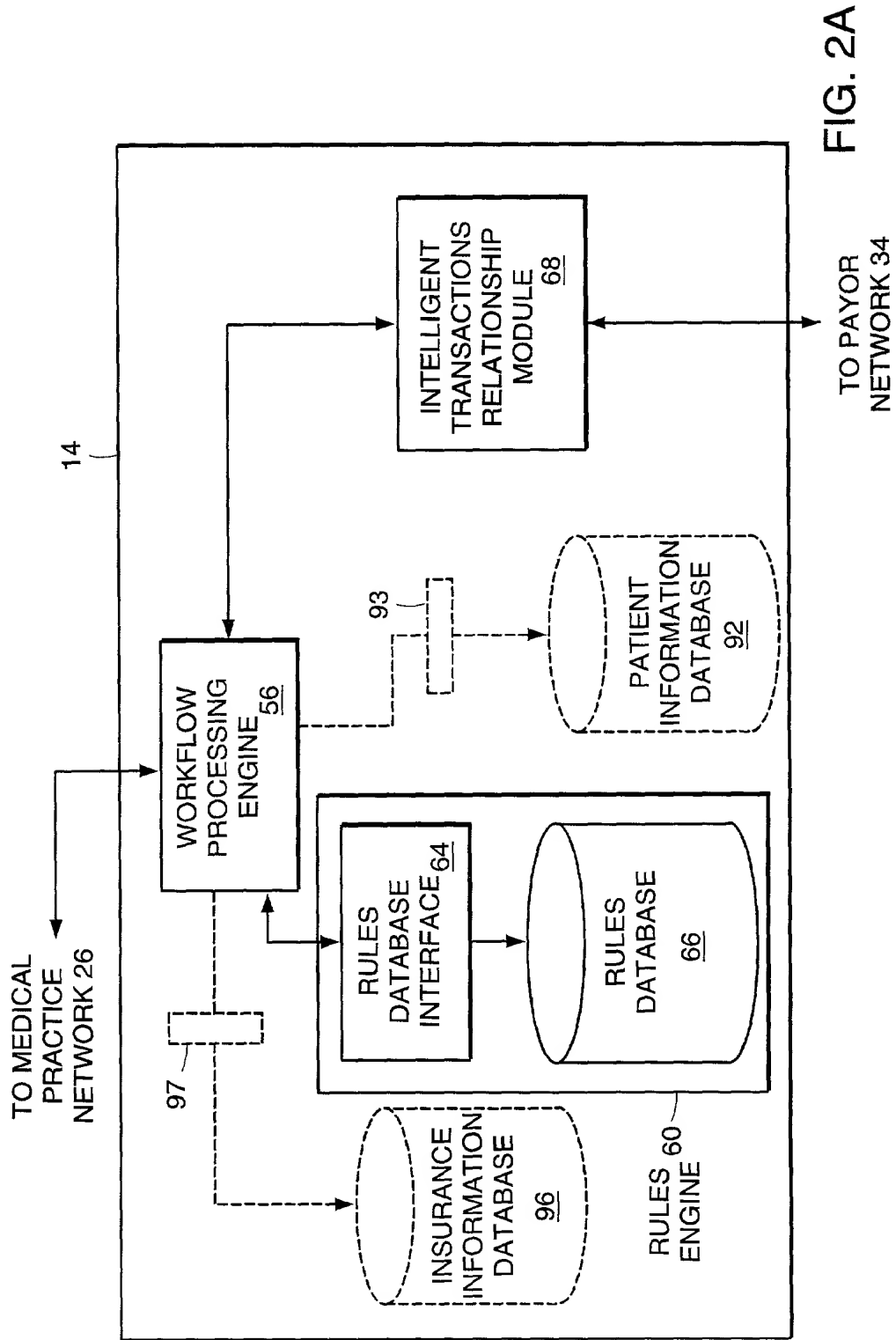


FIG. 2A

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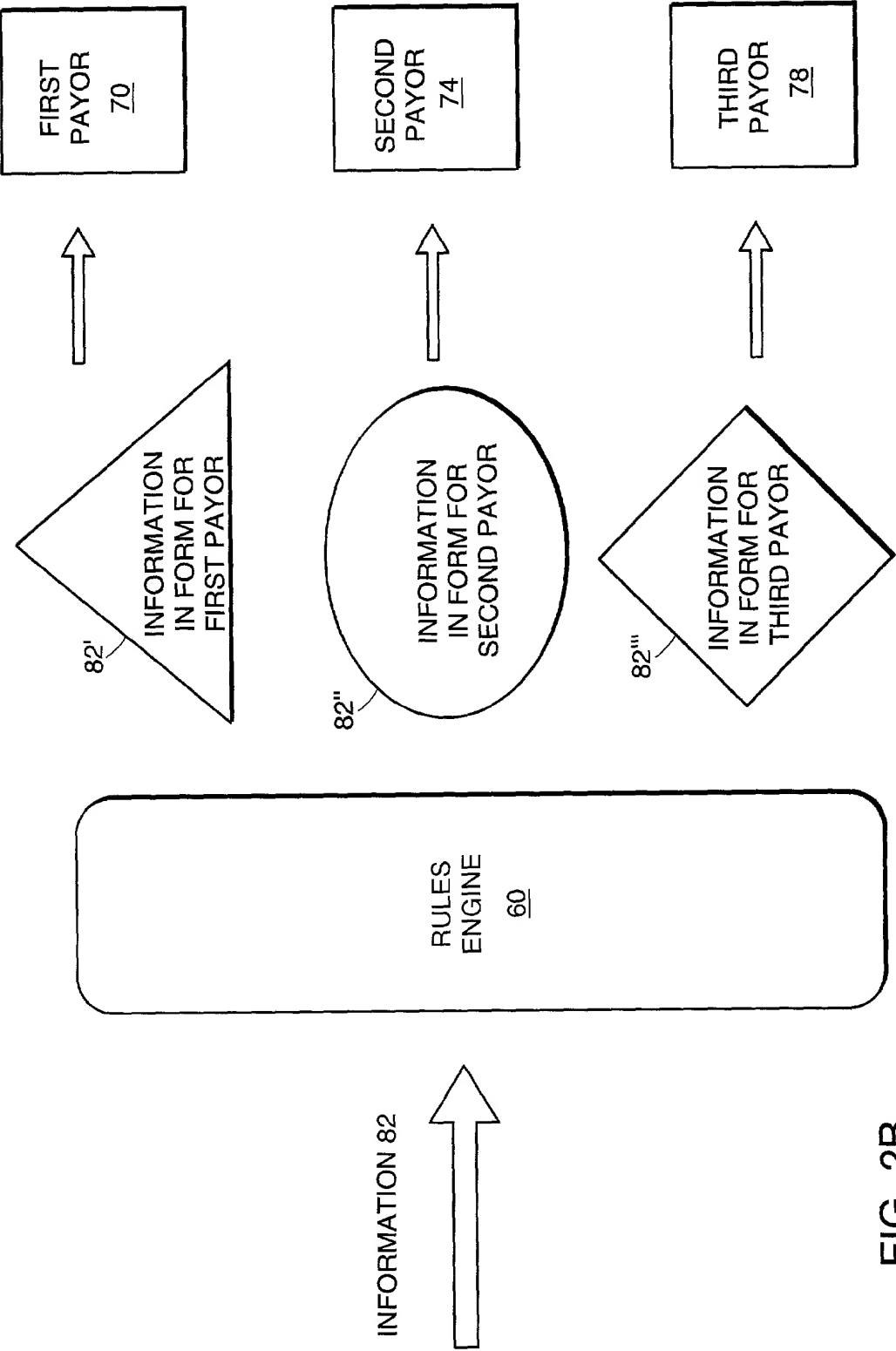


FIG. 2B

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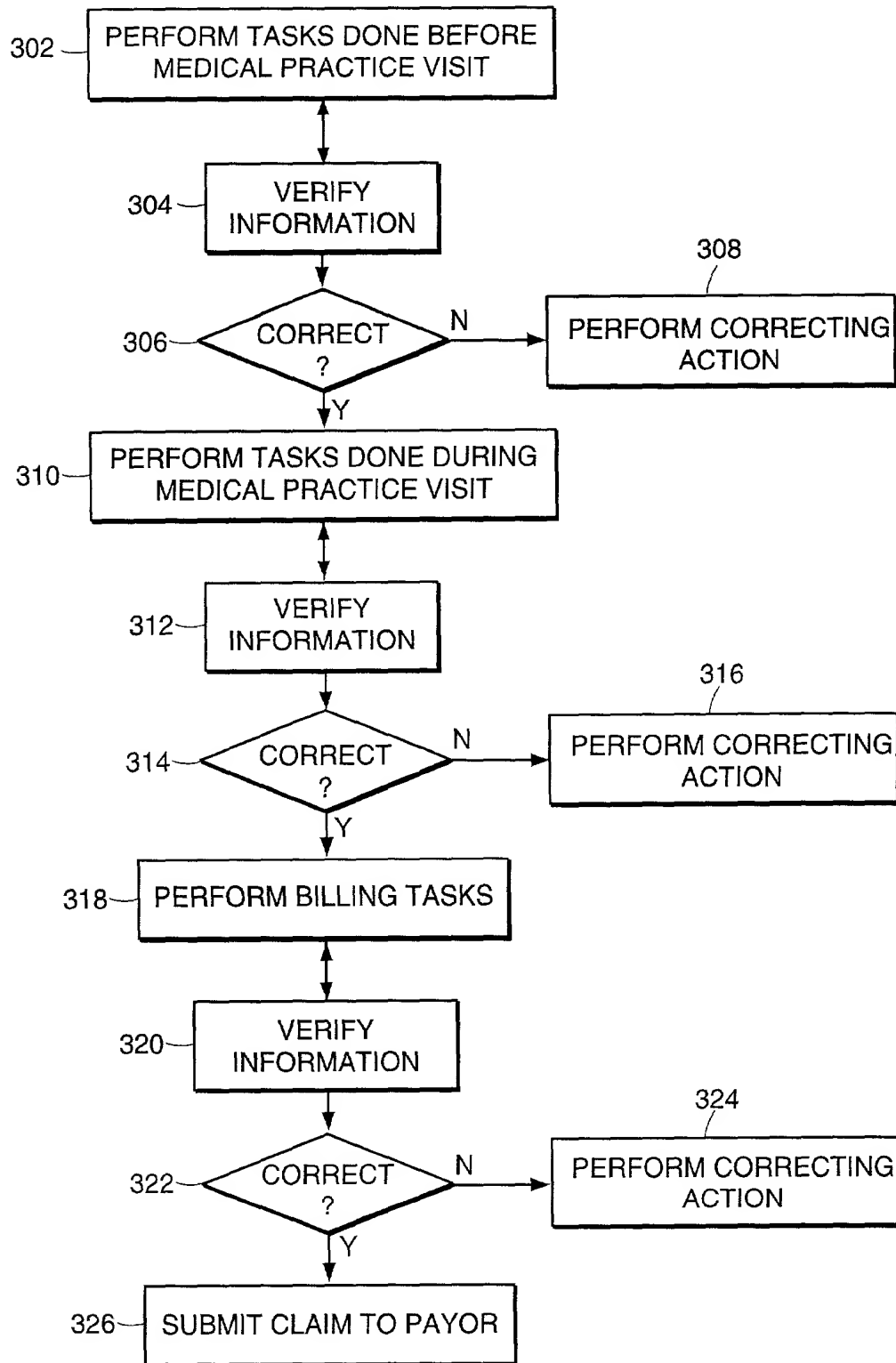


FIG. 3A

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THE PATIENT WORKFLOW - BEFORE THE MEDICAL PRACTICE VISIT

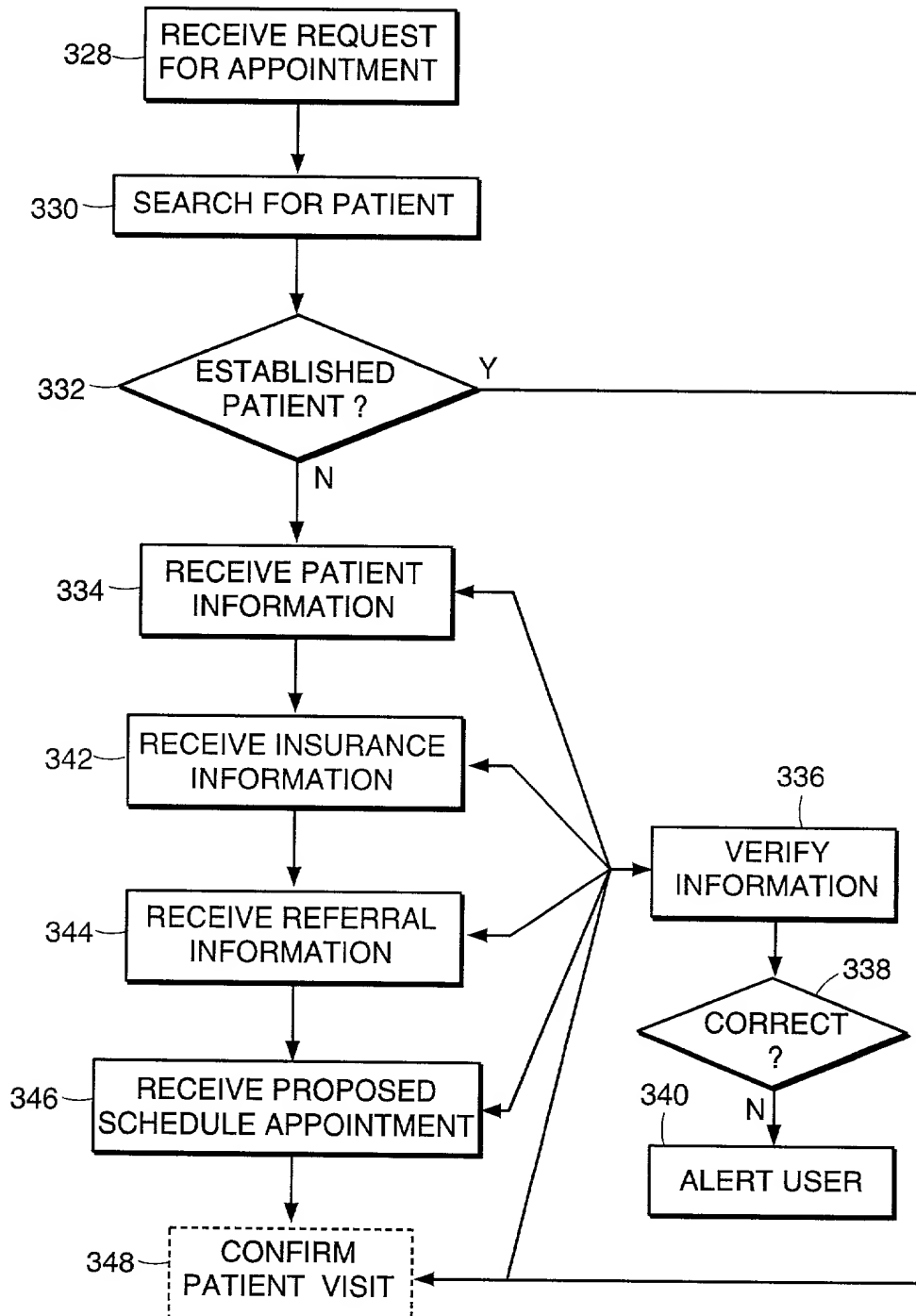


FIG. 3B

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PATIENT ELIGIBILITY DETERMINATION

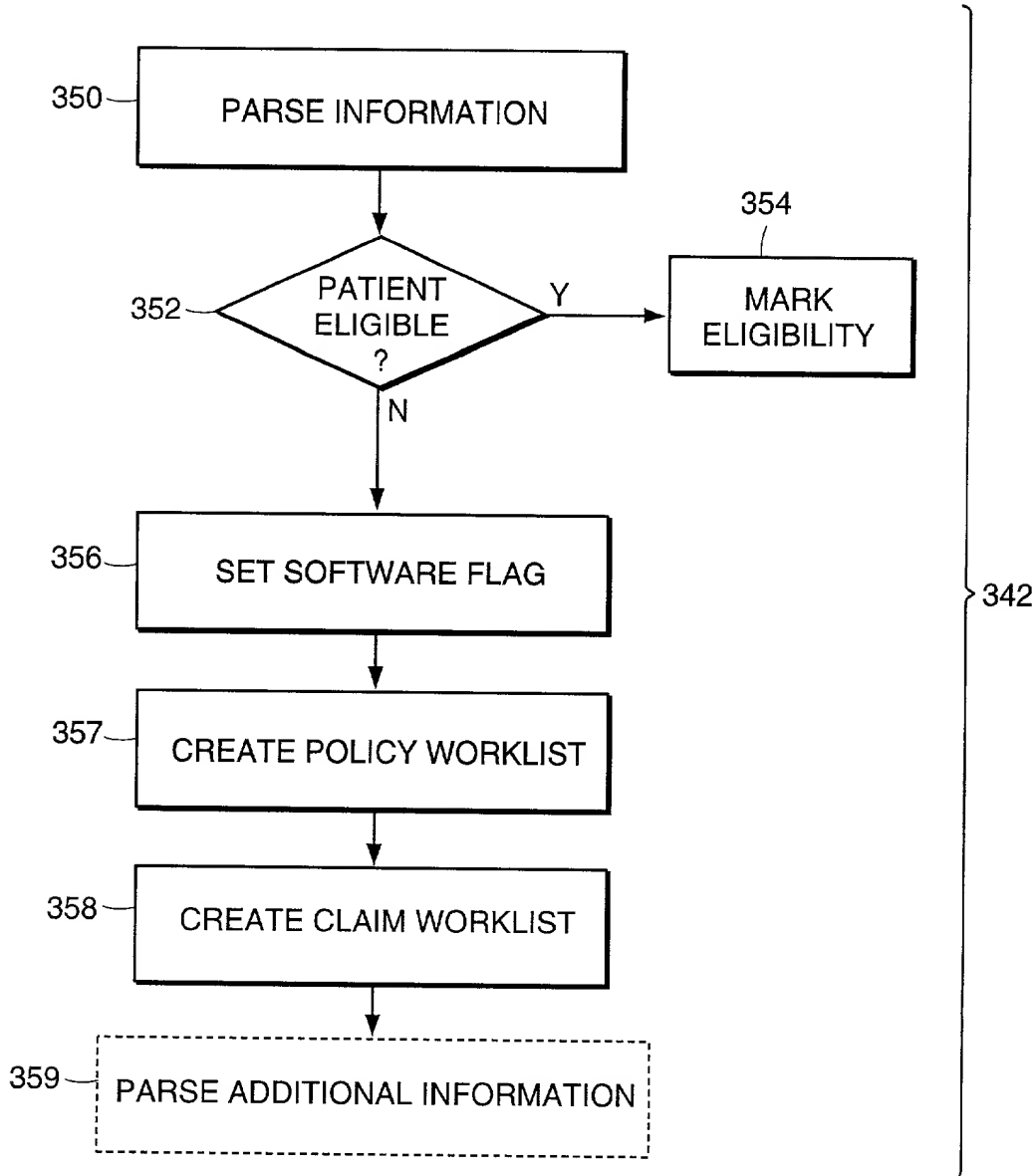


FIG. 3C

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PATIENT REFERRAL / PRIOR AUTHORIZATION DETERMINATION

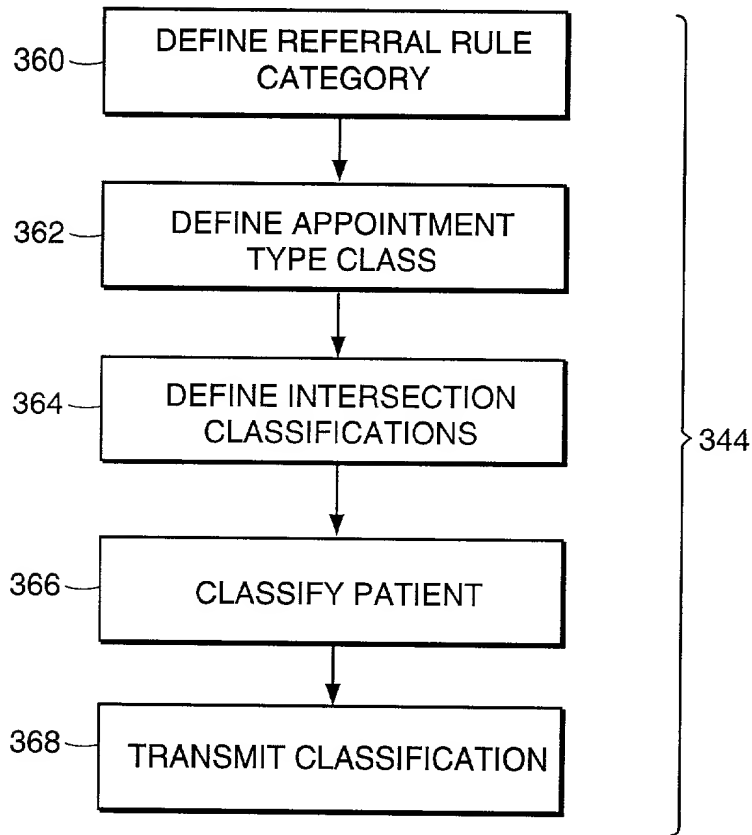


FIG. 3D

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THE PATIENT WORKFLOW - DURING THE MEDICAL PRACTICE VISIT

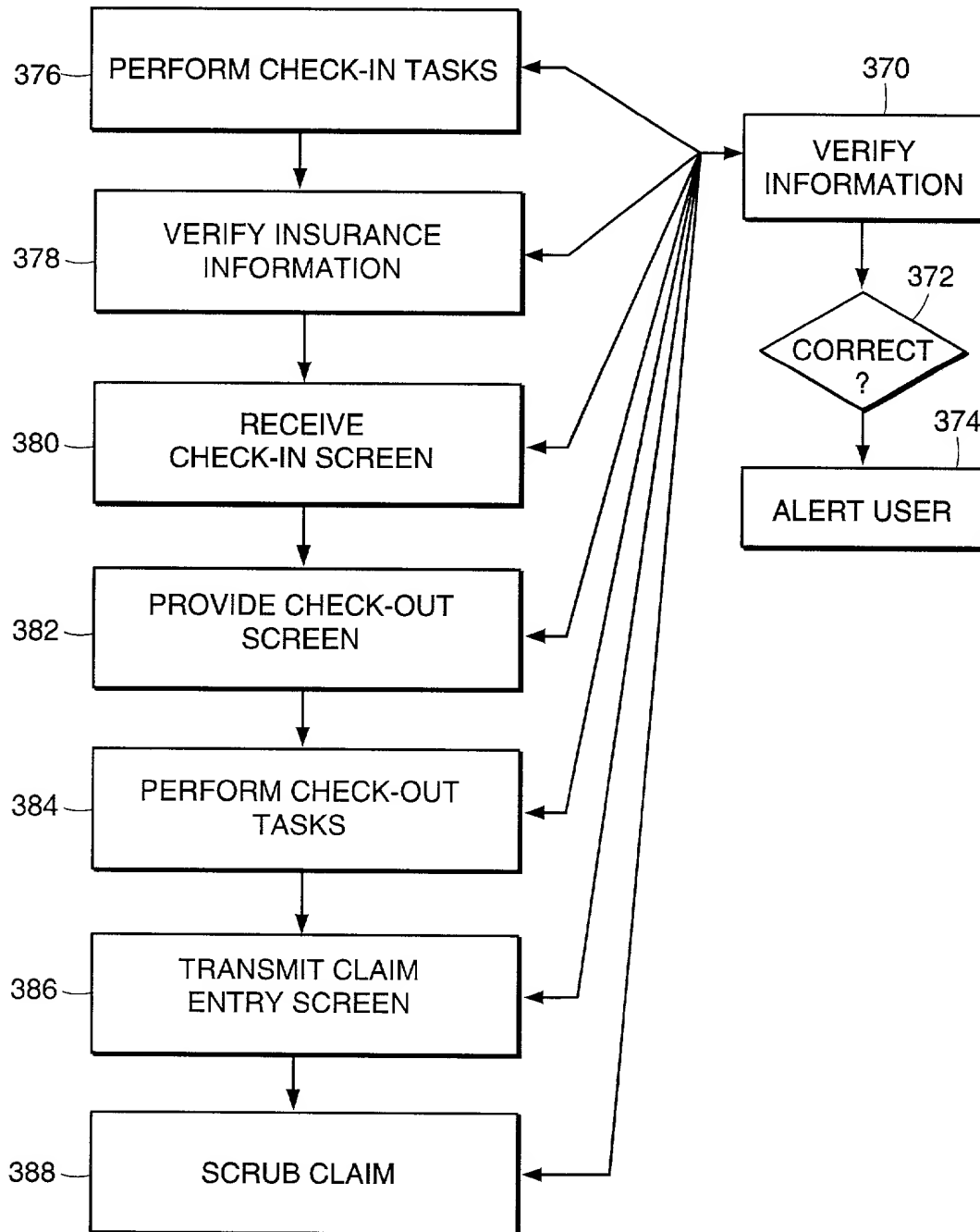


FIG. 3E

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THE BILLING WORKFLOW

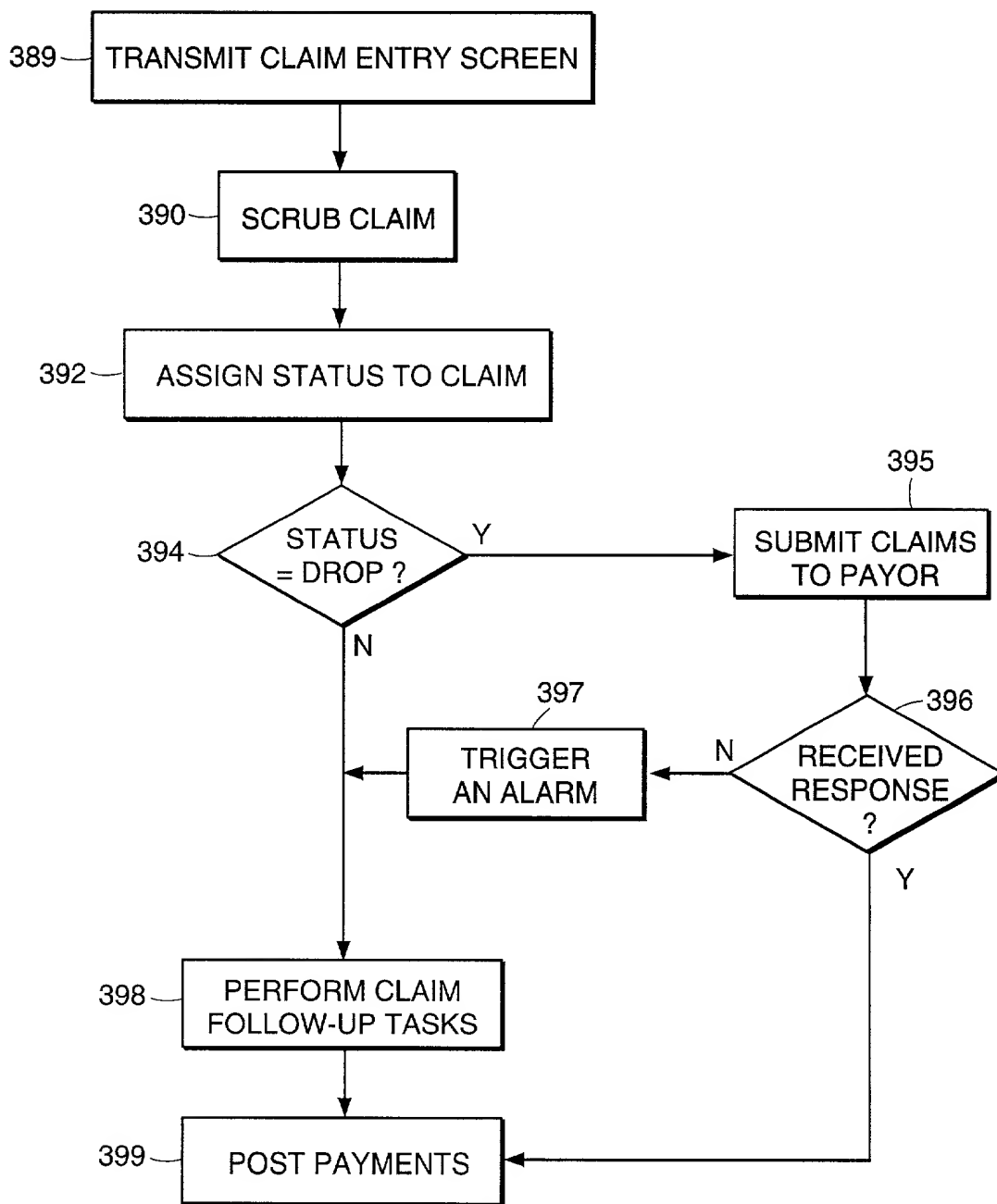


FIG. 3F

400

FIG. 4

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FIG. 5

500

Check In

action bar click the bar to edit registration info, schedule the patient, print label, etc

view/cancel today's appointments

Reason for Cancellation

Cancel Checked Appointment(s)

edit appointment information

Appt Type

Notes/Reason

Prior Auth #

Dept

Rendering Provider

insurance

primary new primary insurance

verify & edit registration information

Patient Notes

Patient Outstanding \$0 00

view billing summary

Last Name

First Name & M. Initial

Prev Last Name

DOB

SSN

Address

Zip

City

State

Email

Status

Sex

Home Phone

Work Phone

Primary Department

Usual Provider

Marital Status

Ethnicity

General Hospital Med Record

Save registration changes

Collect Patient Payment

Post Date

Time of Service Batch

Method

Check or CC Number

Service Date

Procedure

Today's Copay (expected office visit copay \$)

Coinurance (usual coinsurance %)

Outstanding Amount

Today's Payment \$

504

508

512

516

520

12/22

Print Billing Slip/Check-Out		Check-In	Check-Out
action bar			
Billing Slip		604	
<input checked="" type="checkbox"/> Behavioral Health <input checked="" type="checkbox"/> Family Medicine <input checked="" type="checkbox"/> Internal Medicine <input checked="" type="checkbox"/> OB/GYN <input checked="" type="checkbox"/> Occupational Health		<input checked="" type="checkbox"/> Schedule Appointment Calendar 1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks <input checked="" type="checkbox"/> Create Appointment Reminder <input checked="" type="checkbox"/> Chart Check	
608			
Receipt			
No payment was made today			
Collect Patient Payment			
612			
Post Date	<input type="text"/>		
Time-Of-Service Batch	<input type="text"/>		
Method	<input type="text"/>		
Check/CC Number	<input type="text"/>		
Service Date	<input type="text"/>		
Procedure	<input type="text"/>		
Today's Copay (expected office visit copay \$ <input type="text"/>)		Today's Payment	\$ <input type="text"/>
Coinurance (usual coinsurance <input type="text"/>)			\$ <input type="text"/>
Other Payment Amount reason: <input type="text"/>			\$ <input type="text"/>
TOTAL			\$ <input type="text"/>
Counting payments that have not yet been applied to charges (\$0.00), this patient owes total of \$0.00			
Check Out >>			

600 FIG. 6

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<Claim Entry

action bar click this bar to edit registration info. schedule the patient, print labels, etc.

Receipt

No payment was made today

Check In

Check Out

Claim Entry

INSURANCE:
704a

DATE OF SERVICE:
704b

Supervising Provider
Patient Department
Service Department
Current illness Date
(choose a previously entered auth)
704b
Referring Provider
704c
Referral/Auth Number

ID/CERT
704
(or EDD)

viewchoose

Notes

Procedures

Diagnosis Justifying
This row of Procedures

708

Others Justifying Diagnosis
(internal documentation only,
will not appear on patient claim)

Create Claim

Advanced >>

720

724

billing slip #

Hint Pressing or ? by itself in a procedure or diagnosis box triggers a procedure/diagnosis lookup

Hint To designate multiple units, append a period + number ("units") to the procedure, e.g.

Hint To designate a modifier, append a comma + modifier ("modifier") to the procedure, e.g.

Hint Type "s" as shorthand for "same as above".

712

Reason

716

Mark Appointment As Not Requiring Charge Entry

716

FIG. 7A

700

14/22

<Claim Entry

Receipt

No payment was made today.

Check In

Check Out

Claim Entry

action bar click this bar to edit registration info. schedule the patient, print labels, etc.

INSURANCE:

DATE OF SERVICE: 12/12/2000

ID/CERT:

Post Date

Provider

Supervising Provider

Patient Department

Service Department

Primary Payor

Primary Accept Assignment

Secondary Payor

Current Illness Date

Same or Similar Illness Date

Hospitalization Dates

(choose a previously entered aum)

Referral Provider

Referral/Auth Number

Notes

744

748

736

From 750

To 752

Procedure

Units

Diagnoses Justifying this Procedure

FP

740

Other Justifying Diagnoses (Internal documentation only will not appear on printed data)

Additional MCFA Free Text (This is almost always blank)

754

Create Claim

Simple <<

755

billing slip #

FIG. 7B

15/22

FIG. 7C

<Claim Entry

action bar click this bar to edit registration info, schedule the patient, print labels, etc.

Claim created

Claim Status	Patient
Primary Insurance	
Referring Provider	
Supervising Provider	
Referring Provider	
Facility	
Diagnosis	
HCPA Text	
usually blank	
Charges	

758

Claim Warnings

edit claim Receipt

No payment was made today.

762

Delete Claim

(last claim in batch)

Collect Patient Payment

Post Date

Time Of Service Batch

Method

Charge/CC Number

Procedure

764

Outstanding Amount

Today's Payment

\$

\$

\$

\$

\$

Today's Copay (expected office visit copay) \$

Coinsurance (usual coinsurance) %

Other Payment Amount reason:

TOTAL

756

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FIG. 7D

Claim Edit #	
Claim Study	primary secondary payment
Patient	Collected Patient Payment
Patient Department	
Primary Payer	
Primary Account Assignment	
Secondary Payer	
Referring Provider	Choose Referral Number
Referring Provider	
Supervising Provider	
Facility	(place of service code.)
Current Illness Detail MP	(ECO)
Same or Similar Illness Date	
Hospitalization Date	Admitted Discharged
Diagnosis	1 2 3 4

From	To	TV	CPT	D1	D2	\$ Unit	U	FP	E	G
Type	reason/method	created	Last modified	Inst1	Inst2	patient				

776 CHARGE (OPEN) Incorrect insurance id number 11/28/2000 supervisor 11/28/2000 supervisor void this transaction \$ \$0.00 \$0.00

CHARGE History:
 Kick Reason: ipn Claim status set to HOLD (supervisor) (11/28/2000)
 Note: KICK REASON Incorrect Insurance id number CPT10

Type	reason/method	created	Last modified	Inst1	Inst2	patient

784

768

17/22

FIG. 7E

☒ show voided transactions

From	To	TY	CPT	D1	D2	\$/unit	U	FP	E	C																																																																																																																							
type	reason/method	created	last modified	Ins1	Ins2	patient																																																																																																																											
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Claim Scrubbing Errors:

- Error - Insurance Default) Valid Insurance ID Number required

The format of the insurance ID Number appears to be incorrect ☐ update policy

Claim History:

- Changed STATUS1 from CLOSED to DROP. (superuser)(11/28/2000)
- Changed STATUS1 from DROP to CLOSED. (superuser)(11/28/2000)
- Changed STATUS1 from DROP to HOLD. because charge failed rule #-- (superuser)(11/28/2000)
- Set CURRENTILLNESSDATE to 11/28/2000. (superuser)(11/28/2000)
- Changed STATUS1 from HOLD to DROP. (superuser)(11/28/2000)
- Changed STATUS1 from DROP to HOLD. because KICKED-IPN(superuser)(11/28/2000)

Claim Notes

- Action: NOTE: Kickreason: Incorrect insurance id number. (superuser)(11/28/2000)

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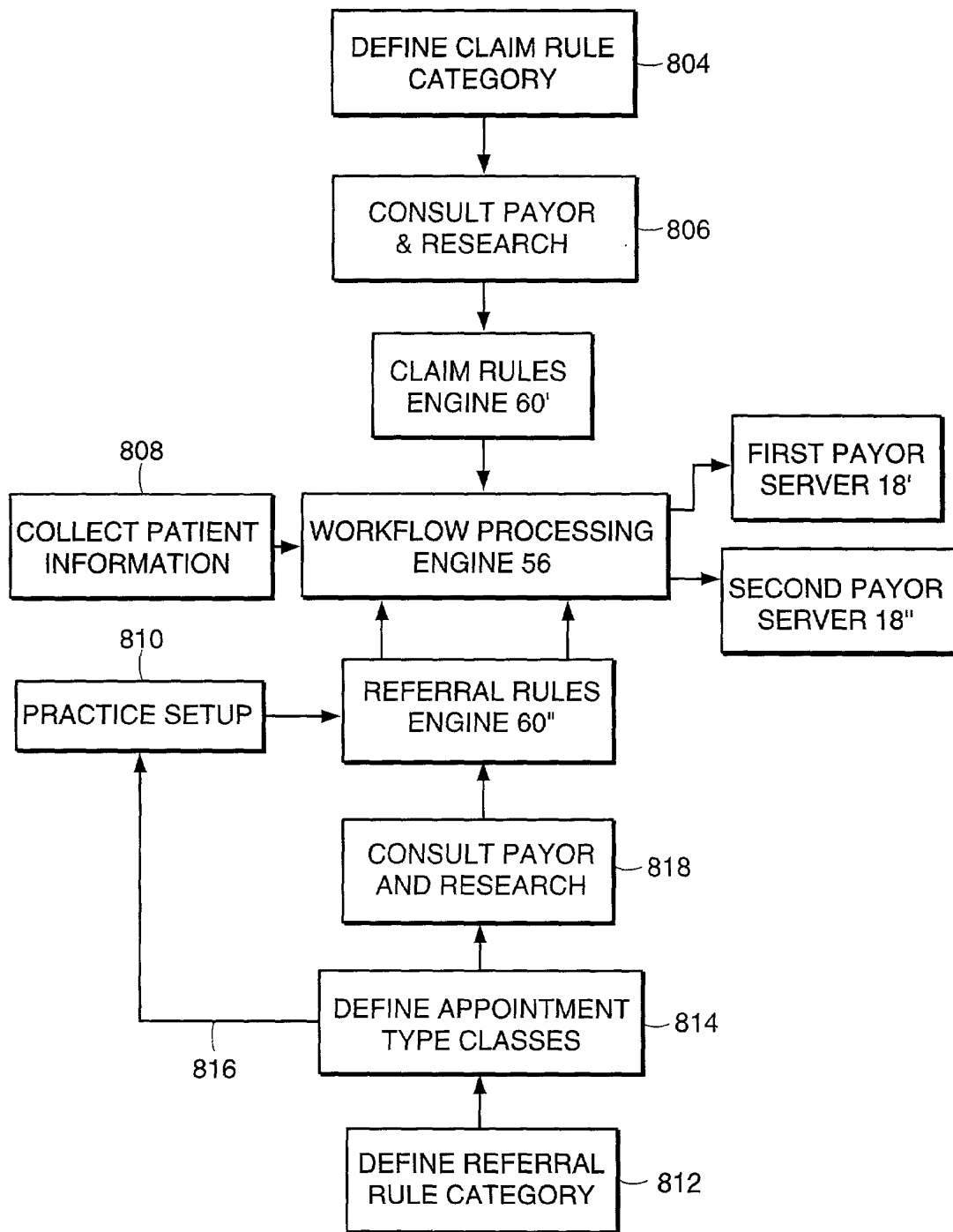


FIG. 8A

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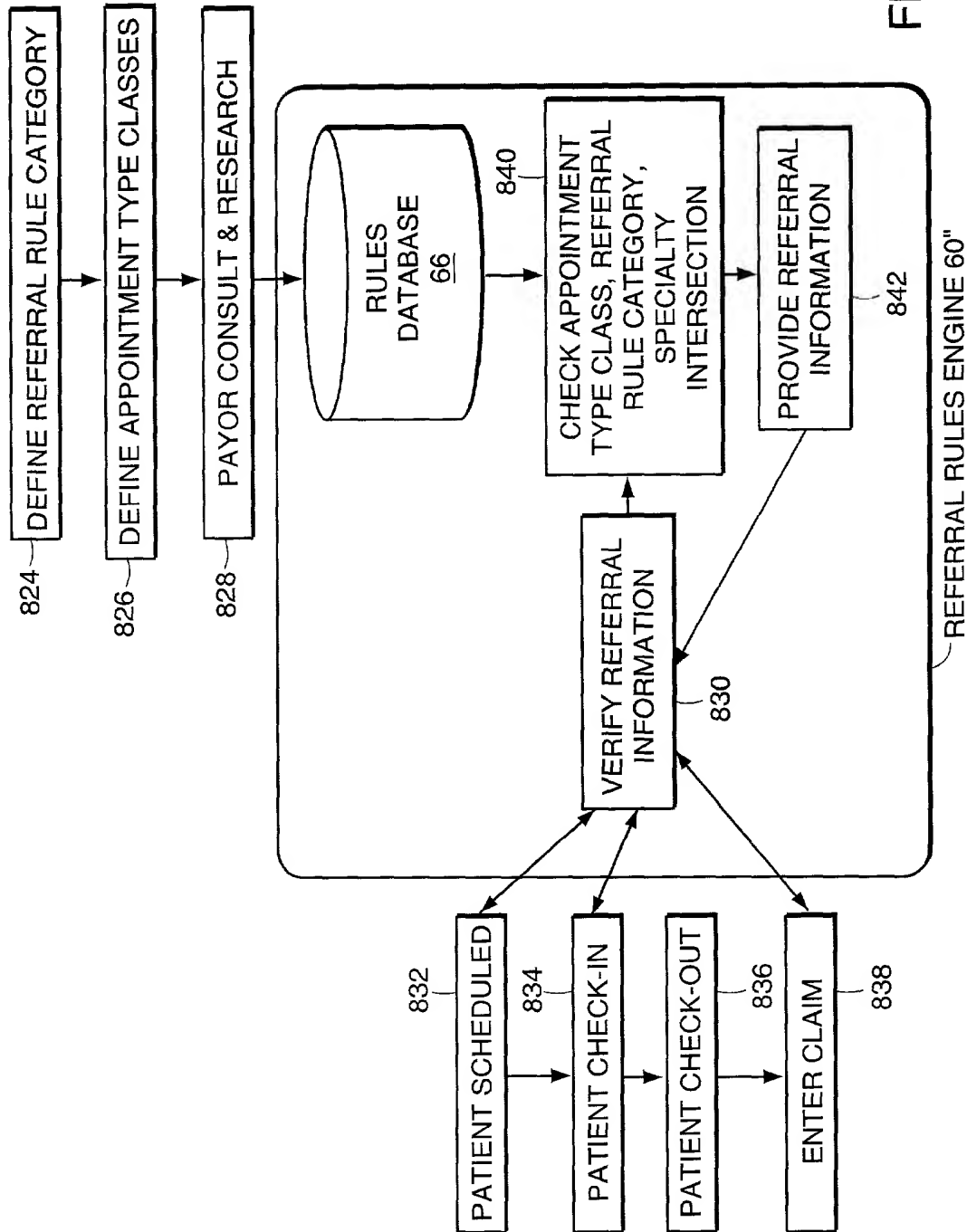


FIG. 8B

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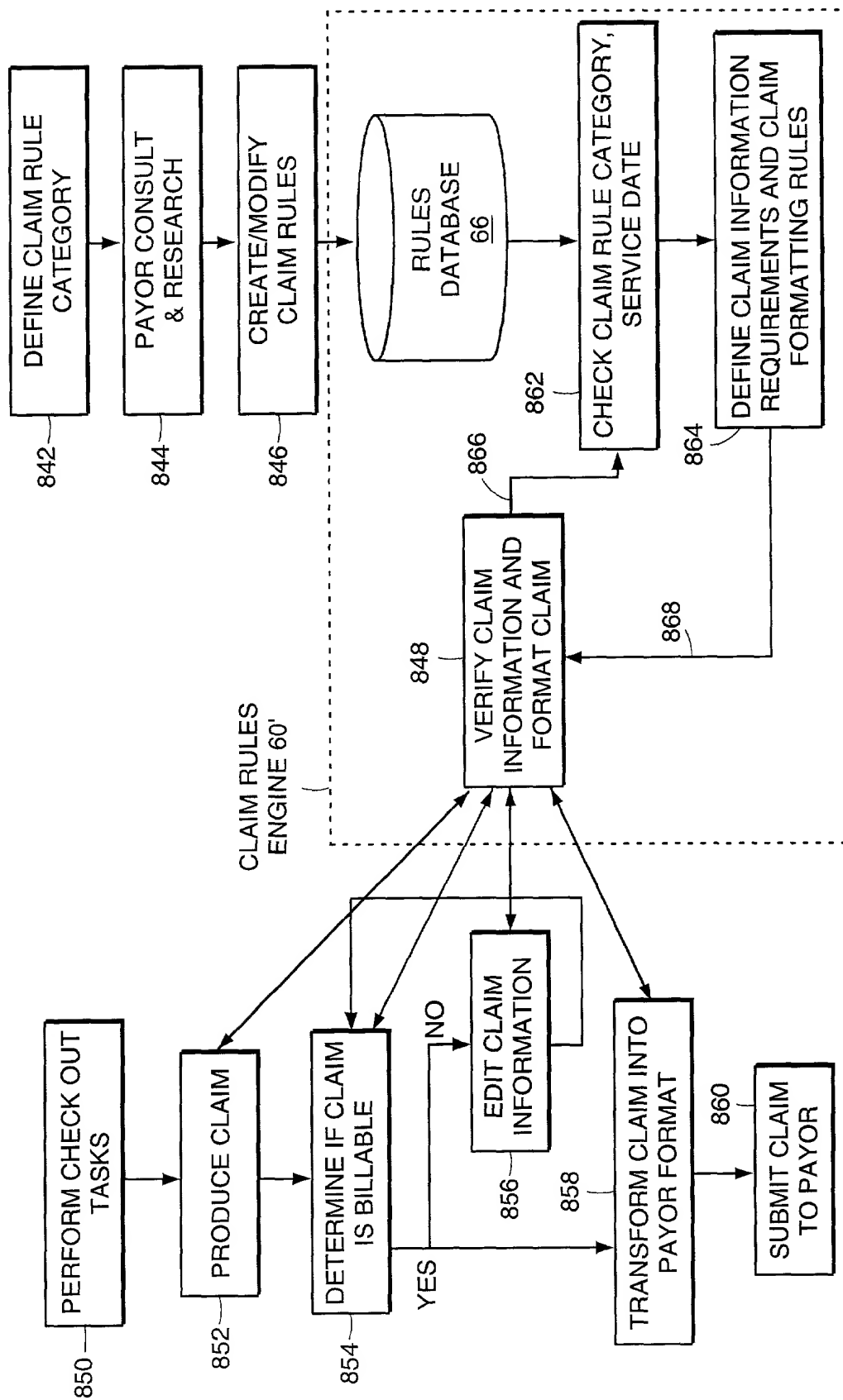


FIG. 8C

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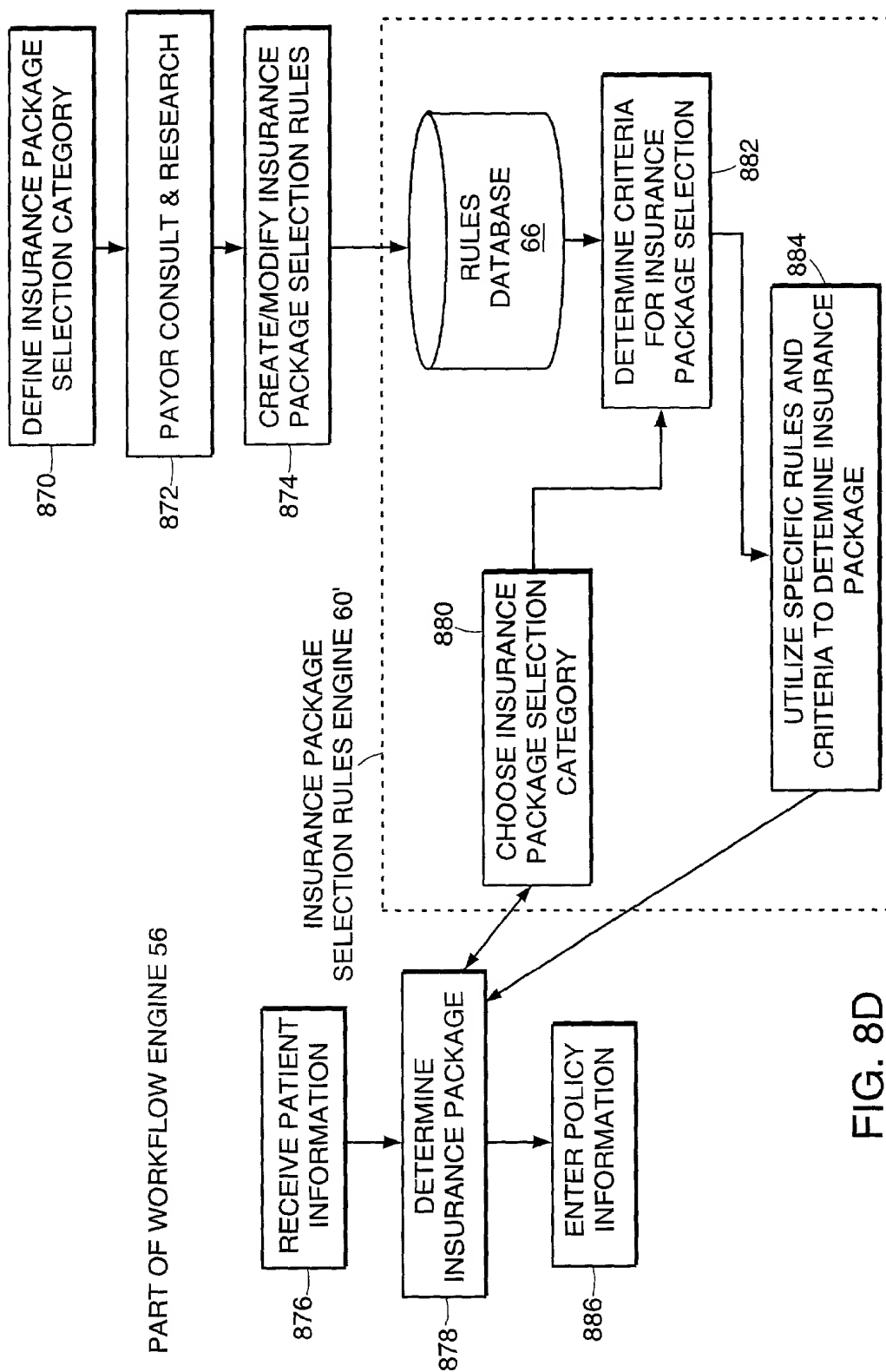


FIG. 8D

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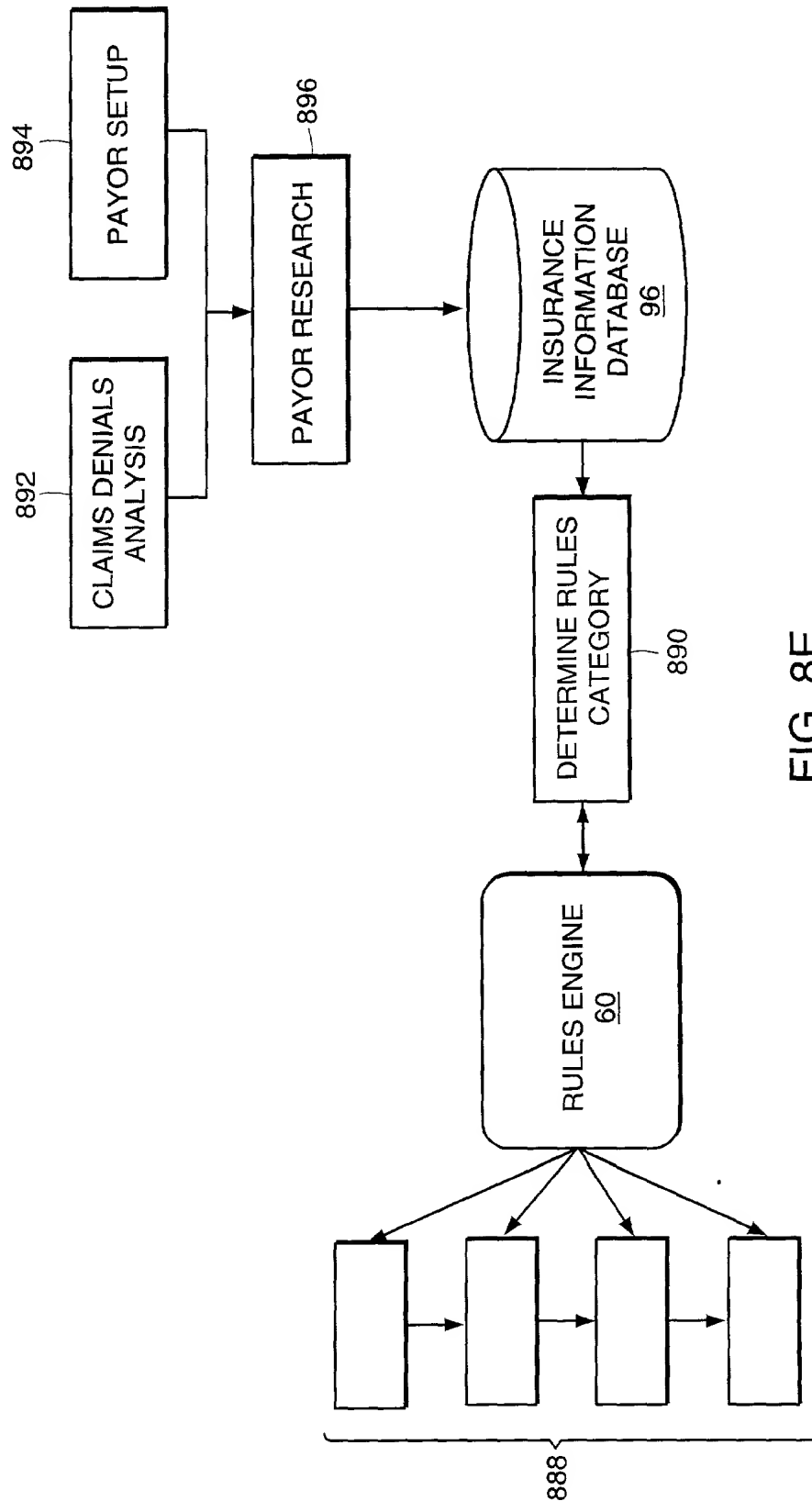


FIG. 8E